## EXHIBIT C

FORM B10 (Official Form 10) (10/05)

United Stalls Bankruptcy Court	DISTRICT OF Nevada					
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR					
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	ay be filed pursuant to II USC. § 303					
Name of Creditor (The person or other entity to whom the debtor owes money or property) Al-Awar Living Trust Dated 04/05/01 Adib M. Al-Awar & Ellen A. Al-Awar, Trustee  Name and address where notices should be sent.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this					
Adib M Al-Awar & Ellen A Al-Awar 1330 Burro Court Gardnerville, Nevada 89410 Telephone number 775-783-8390	case Check box if the address differs from the address on the envelope sent to you by the court.  This Sence is for Court Usi of the Court Usi of the court.	Oni y				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously filed claim dated					
I Resis for Claim Goods sold Services performed X Money loaned Personal injury/wrongful death Taxes See Exhibit A Other	Retiree benefits as defined in 11 U S C § 1114(a)  Wages salaries, and compensation (fill out below)  Last four digits of your SS #  Unpaid compensation for services performed  fromto	_				
2. Date debt was incurred March 1, 2005	3. If court judgment, date obtained					
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  Unsecured Nonpriority Claim \$1,807,956.81  \[ \begin{align*} \text{X}\\ \text{Check this box if a) there is no collateral or lien securing your claim, or only part of your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim  \[ \text{Check this box if you have an unsecured claim all or part of which is entitled to priority} \]  Amount entitled to priority \$\\ \text{Specify the priority of the claim}  \[ \text{Domestic support obligations under 11 U S C \circ 507(a)(1)(A) or a point of the claim of the claim at the time case filed including at the time case filed including are right of setoff)  \[ \text{Specify the priority of the claim} \]  \[ \text{Domestic support obligations under 11 U S C \circ 507(a)(1)(A) or a point of the claim of the claim at the time case filed including are right of setoff)  \[ \text{Check this box if your claim is secured by collateral (including a right of setoff)  \text{Brief Description of Collateral of the property of a reveal and other charges at time case filed included in secured claim if any \$\(\frac{23}{23}\), 632.93  \]  Specify the priority of the claim  \[ \text{Domestic support obligations under 11 U S C \circ 507(a)(1)(A) or a point of the claim of the time case filed included in secured claim if any \$\(\frac{23}{23}\), 632.93  \]  Up to \$\(\frac{23}{25}\) of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U S C \(\frac{25}{2}\) 507(a)(7)  \[ \text{Taxes or penalties owed to governmental units - 11 U S C \(\frac{25}{2}\) 507(a)(8)						
days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Other - Specify applicable paragraph of 11 U S C § 507(a)()  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment						
5 Total Amount of Claim at Time Case Filed \$1,807,956.81 \$						
6. Credits The amount of all payments on this claim has been making this proof of claim  7. Supporting Documents Attach copies of supporting documents are invoices itemized statements of running accounts contragreements and evidence of perfection of lien. DO NOT SER documents are not available explain. If the documents are volu.  8. Date-Stamped Copy. To receive an acknowledgment of the faddressed envelope and copy of this proof of claim.  Date Sign and print the name and title, if any, of file this claim (attach copy of power of attach copy of power of attach copy.)	ments, such as promissory notes purchase tracts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the luminous, attach a summary filing of your claim, enclose a stamped, self-EI JAN 16 2007 of the creditor or other person authorized to	JNI Y				
	Ellen A. Al-Awar, Trustee					

Case 06-10725-gwz Doc 9104-3 Entered 09/16/11 13:44:10 Page 3 of 11 **FORM B10** (Official Form 10) (10/05)

TOKIN DIO (CINCIAI FOITH TO) (10/05)						
UNITED STATES BANKRUPTCY COURT Nevada	DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Debtor	Case Humber					
USA Capital Mortgage Company, Inc	BK-S-06-10725-LBR	E-Filed 8-9-06				
NOTE This form should not be used to make a claim for an administra of the case A 'request" for payment of an administrative expense may be	tive expense arising after the commencement filed pursuant to 11 U S C § 503					
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone					
JAMES CORISON	else has filed a proof of claim relating to your claim Attach copy of statement					
	giving particulars					
Name and address where notices should be sent JAMES CORISON	Check box if you have never received any	,				
P O BOX 21214	notices from the bankruptcy court in this case					
RIVERSIDE, CALIFORNIA 92516	Check box if the address differs from the					
Telephone number	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor	Check here replaces					
identifies debtor	if this claim amends a previously file	d claım, dated				
1 Basis for Claum Goods sold	Retiree benefits as defined in 1					
Services performed	Wages, salaries, and compensat	non (fill out below)				
Money loaned	Last four digits of your SS # Unpaid compensation for service	ces performed				
Personal mjury/wrongful death Taxes	_					
Other	(date)	(date)				
2 Date debt was incurred 11/24/2003	3 If court judgment, date obtained					
4 Classification of Claim Check the appropriate box or boxes that	t hast describe your clause and state the annual of	F 411 1. 1				
See reverse side for important explanations	Secured Claim	the claim at the time case file				
Unsecured Nonpriority Claim \$	Charleston S.	11 11 . 1 . 1 . 1				
Check this box if a) there is no collateral or lien securing your	claim, or a right of setoff)-	ecured by collateral (including				
b) your claim exceeds the value of the property securing it, or if c) re only part of your claim is entitled to priority	none or					
Unsecured Priority Claim	Brief Description of Collateral  Real Estate Motor Ve					
Check this box if you have an unsecured claim, all or part of whic	V. 1					
entitled to priority	es at time case filed included in					
Amount entitled to priority \$						
Specify the priority of the claim.	☐ Up to \$2,225* of deposits toward pure	hase, lease, or rental of propert				
☐ Domestic support obligations under 11 U S C § 507(a)(I)(A) o	usehold use - 11 U S C					
(a)(l)(B)	§ 507(a)(7)  Taxes or penalties owed to governmenta	l units - 11 U S C § 507(a)(8)				
Wages, salaries, or commissions (up to \$10,000),* earned with	in 180 Other - Specify applicable paragraph of	of 11 USC § 507(a)()				
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	Amounts are subject to adjustment on 4/1/	07 and every 3 years thereafter				
Contributions to an employee benefit plan - 11 U S C § 507(a)	with respect to cases commenced on of	r after the date of adjustment				
5 Total Amount of Claim at Time Case Filed	\$ 1,023,000 00	1,023,000 00				
Check this box if claim includes interest or other charges in add	(unsecured) (secured) (priorition to the principal amount of the claim Attach	ority) (Total)				
interest or additional charges  6 Credits The amount of all payments on this claim has been or	nodited and deducted Co. d	***************************************				
making this proof of claim		IS SPACE IS FOR COURT USE ONLY				
7 Supporting Documents Attach copies of supporting document		0. 1 1 1				
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available, explain If the documents are volu	uminous, attach a summary	filed date 819106				
8 Date-Stamped Copy To receive an acknowledgment of the fi	iling of your claim, enclose a stamped, self-	0 19100				
addressed envelope and copy of this proof of claim						
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorne	e creditor or other person authorized to	USA CMC				
1/106 Homes miso	- T	1072500092				
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprison		3571 American LegalNet, Inc				
_		I MANAY (ISCALATECTURE				

American LegalNet, Inc www USCourtForms com

United States Bankruptcy Court	Distr	CT O	F Neva	ada		
Name of Debtor	Case Nu				PROOF OF CLAIM	
USA COMMERCIAL MORTERGE COMM		6-	107	25-LBR		
NOTE. This form should not be used to make a claim for an administration						
of the case. A request for payment of an administrative expense ma	ny be fil <b>ed</b> pur	suant to	บเบร	C § 503		
Name of Creditor (The person or other entity to whom the				ware that anyone f claim relating to		
OANIEL D. NEWMAN, TRUSTEE	your cl	aım A	ttach cop	by of statement		
PANIEL D. NEWMAN FENT DATED 11/1/92	giving					
Name and address where notices should be sent				never received any uptcy court in this		
DAW, EL D. NEWMAN 125 ELYSIAN DRIVE 5=0000 AZ 86336	Case.	hox if t	he addre	ss differs from the		
	address	on the		e sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Telephone number 928 282 5466  Last four digits of account or other number by which creditor	the cou		replac	es		
identifies debtor	if this c				ed claim dated	
1 Basis for Claim					11 U S C § 1114(a)	
Goods sold Services performed	L	J Wa	iges sala st four d	aries and compens igits of your SS #	ation (fill out below)	
Money loaned		Un	paid coi	mpensation for sei	vices performed	
Personal injury/wrongful death		fro	m		to	
Taxes Other				(date)	(date)	
2 Date debt was incurred MARCH 1999	3.	f cour	t judgm	ent, date obtaine	d.	
4 Classification of Claim. Check the appropriate box or boxes th	hat best descri	be your	claım a	nd state the amoun	of the claim at the time case filed	
See reverse side for important explanations.			ed Clain			
Unsecured Nonpriority Claim \$\(\frac{\lambda \text{MS 4 OF EX B}}{\text{C}}\)			Theck thi	s box if your claim	is secured by collateral (including	
Check this box if a) there is no collateral or lien securing your claim of a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or						
only part of your claim is entitled to priority		77		scription of Collate	parting .	
Unsecured Priority Claim	-	~		Estate Motor	ll	
Check this box if you have an unsecured claim all or part of which is entitled to priority  Value of Collateral \$ CONCINETY  Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$ secured claim, if any \$\(\begin{align*} \begin{align*} \text{L/NE2 of } \begin{align*} \begin{align*} \text{A} \\ \end{align*}						
Specify the priority of the claim	ا السا				archase, lease or rental of property	
Domestic support obligations under 11 U S C. § 507(a)(1)(A) or (a)(1)(B) or services for personal, family or household use - 11 U S C. § 507(a)(7)						
Wages salaries or commissions (up to \$10,000),* earned within 180						
days before filing of the bankruptcy petition or cessation of the debtor's United - specify applicable paragraph of 11 0 3 0 8 50 (a)()						
*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment						
5 Total Amount of Claim at Time Case Filed.		JUZ	XA A	MULEXA	LNYEXA	
5 Total Amount of Claim at Time Case Filed.  \$\(\begin{array}{c} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
interest or additional charges  6. Credits The assess of the control of the contr						
making this proof of claim			-30 101 U	ar harbone or	THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase 1 1 2007						
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security I 1 2007  agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available explain if the documents are voluminous attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self- addressed envelope and copy of this proof of claim						
Date Sign and print the name and wile if any, of the creditor or other person authorized to file this claim (attach capy of prover of attorney if any)						
JAN 9 file this claim (attack color of power of attorney if any)						
2007 DANIEL D NEWMAN, TRUSTEE USA CMC						
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonmen	t for u	p to 5 ye	ears or both 18	1072502030	

UNITED STATES BANKRIET CA COURT	PRO	OF OF CLAIM	
CASTRICT OF NEVADA			YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Clarm ID s31824
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classification
GOA Commercial mortgage Company	oo, too managaga oo mpang		\$72 99 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment		Check box if you are aware that arryone else has	
administrative expense may be filed pursuant to 11 U S C § 503	Or Carr	filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address	00187	statement giving particulars  Check box if you have	scheduled by the Debtor or pursuant to a filed claim. It you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file.
JOSEPH G DARASKEVIUS & ARDEE S DARASKEVIUS -695 MEADOWS DR みずらし Kio Wo Blud Soci LAKE HAVASU CITY AZ <del>86404-3337 -</del> 86403	lh	never received any notices	this proof of claim EXCEPT as stated below if the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be
		Check box if this address differs from the address on the	filed  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number 987 855 - 803-7		envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor <sup>.</sup>	Check here replain or if this claim amen	ces a previously filed claim dated
1 BASIS FOR CLAIM	Botros I		
Goods sold Personal injury/wrongful death		penefits as defined in 11 U S salaries and compensation (	
Services performed Taxes		digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from to
2 DATE DEBT WAS INCURRED	lo 15 C	OURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			
See reverse side for important explanations		SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$			our claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it, or if c) none or only part of you	our claim Ir claim is	a right of setoff)	out state to booking by solicities ferminality
entitled to priority		Bnef description of	collateral
Check this how from home on unappersed atoms all or part of interests		Real Estate	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$
Amount entitled to priority \$		Amount of arrearage ar	nd other charges at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	г		rd purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days		services for personal family of	household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	누		remmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<u> </u>		graph of 11 U S C § 507(a) () tment on 4/1/07 and every 3 years thereafter
C TOTAL AMOUNT OF OLASSI		with respect to cases comment	ced on or after the date of adjustment.
5 TOTAL AMOUNT OF CLAIM \$ \$		5 000 60 \$	\$ 3.75.000
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(pnonty) (Total) mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree	dited and	deducted for the purpose of r	naking this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments mortgages, security a DOCUMENTS If the documents are not available, explain If the documents are not available, explain.	<i>uments,</i> su agreemen	ich as promissory notes pure ts. and evidence of perfection	chase orders, invoices itemized statements of
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stampe	d self-addressed envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5-00 pm for each person or entity (including individuals, partnerships, or	ı, prevailii	o Pacific time, on Novemb	er 13, 2006 USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	DIED OCT 9 1 2000
BMC Group	BMC Gro		FILED OCT 31 2006
P O Box 911	1330 East	Franklin Avenue	
DATE SIGN and print the name and title if any of the		to CA 90245	
10-27-06  this claim (attach copy of power of attorned to the state of	ey If any)		SKEVIUS USA CMC
Penalty for presenting fraudulent of aim is a fine of up to \$500 000 or imprisonment	for up to 5		

	(`ase	1 (162-1717, N2-G/W.	TO FLUIDE UMUM				6 0t 11
•		- 16456 00-40)	-23461- ~GIA	PRC	OF OF CLAIM	<del>Mage Toy</del>	9 0 01 11
Name of Debt	or			Case Nu	mber		
This form should ansing after the c	not be used	of Debtors and Case to make a claim for a ent of the case A "re be filed pursuant to 11	n administrative ex quest" for payment		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Cre	ditor and MICHAEL DO 795 NEWHA CAMBRIA CA	Address DNAHUE ALL AVE A 93428-5507	113212410002	46	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS ready filed a proof of claim with the tor BMC you do not need to file again SE IS FOR COURT USE ONLY
Creditor Telepho		( ) other number by whic	h craditor identifies	debtor		<u> </u>	E IS PUR COURT USE UNLY
		other humber by whic	Transfer in the fillines	debioi	Check here replain or if this claim amer	<ul> <li>a previously</li> </ul>	y filed claim dated
1 BASIS FOR C		Personal injury/v	uronaful docth	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services pe		Taxes	vrongiui death		salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Money loan		Other (describe	hriefly)		digits of your SS #	who was a different	(100.100.1000)
A money loan	.00			Unpaid C	ompensation for services pe	nomed from	(date) (date)
2 DATE DEBT V	VAS INCUR	RED		3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(dato)
			onate box or boxes th	at best descri	be your claim and state the amo	unt of the claim at	the time case filed
See reverse side	•	•			SECURED CLAIM		
Check this bo exceeds the v	x if a) there i	s no collateral or lien sec			Check this box if you a right of setoff)	our claim is secu	red by collateral (including
entitled to prid		AIM			Brief description of		
		an unsecured claim, all o	r part of which is		Real Estate		
entitled to prid	ority				Value of Collateral	s 25	0,000
Amount entitle		\$			Amount of arrearage a	nd other charges	at time case filed included in
Specify the pi			(a)(4)(A) as (a)(4)(D)	P4	secured claim, if any		
\		ns under 11 U S C § 507 ssions (up to \$10 000)* e		<u>,</u>	Up to \$2 225* of deposits towa services for personal family of		
before filing o	f the bankrup	tcy petition or cessation of	of the debtor's	"	Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
I		ier - 11 U S C § 507(a)( ee benefit plan - 11 U S (	•		Other - Specify applicable part	agraph of 11 U S C	§ 507(a) ()
Contributions	to an employ	ee benent plan - 17 0 3 t	2 8 907(a)(9)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOU		UM \$ INTREST	2500 mary	250,	000 \$		\$
AT TIME CAS	SE FILED		secured)		ecured)	( priority)	(Total)
Check this bo	x if claim incl	udes interest or other ch	narges in addition to	the principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
7 SUPPORTING running accou	NG DOCUMENTS, contracts If the documents	MENTS <u>Attach copie</u> cts, court judgments, n cuments are not availa	s of supporting does nortgages, security ble, explain if the	cuments, su agreements documents	educted for the purpose of moch as promissory notes pure s, and evidence of perfection are voluminous attach a sur our claim enclose a stamper	chase orders inv of lien DO NO mmary	voices, itemized statements of OT SEND ORIGINAL
ACCEPTED) for each pers	so that it is son or entity	actually received or	or before 5 00 pi	n, prevailin	r hand delivered (FAXES N g Pacific time, on Novemb ns, joint ventures, trusts ar	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmenta BY MAIL TO	units)			BY HAND	OR OVERNIGHT DELIVERY TO	)	
BMC Group Attn USACM	Claims Doo	keting Center		BMC Grou	ıp CM Claims Docketing Cente	ir	
P O Box 911 El Segundo, 0				1330 East	Franklin Avenue		
DATE			ne and title, if any, of		to CA 90245 other person authorized to file	<del></del>	
9/24/06			copy of power of atte		MICHAEL DO	NAHUE	
112,100		MILLO	Wal		LENDER/	creditor	

Coco 06 10725 - Doc 0104-2-	- Enton		10	7 - 4 1 1	
UNITED STATES BANKRIDETE Y GOORTES TO SELECT OF DISTRICT OF NEVADA	PRO	OF OF CLAIM	i <del>V Page</del> 7	OI II-	
Name of Debtor	Case Nu	mber			
USA COMMERCIAL MONTGAGE CO	B-K-	5-06 107 25-15	,		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address	-	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEI If you have aird Bankruptcy Court	eady filed a proof of or BMC you do not	VER THAT IS NO
Creditor Telephone Number ( ) 5/0 537-0700	7.77	court	THIS SPAC	E IS FOR COUR	T USE ONLY
Last four digits of account or other number by which creditor identifies  71 94	debtor	Check here replace or if this claim amen	a previously	filed claim dateo	
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	☐ Unremitted	principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below)	Other claim	s against service
Services performed Taxes	Last four	r digits of your SS#		(not for loan	n balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services per	rformed from	to	(data)
2 DATE DEBT WAS INCURRED 11/05, 2/05 9/05 2/06)	0/3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of y entitled to priority		Check this box if you a right of setoff)		red by collateral (i	including
UNSECURED PRIORITY CLAIM		Brief description of		П.,	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate		Known at	Hi 7
Amount entitled to priority \$		Value of Collateral  Amount of arrearage ar		-t-t	d and all and a district
Specify the priority of the claim		secured claim, if any	\$ 244	646 9 7	z moladea m
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of proper	tv or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	"	services for personal family of Taxes or penalties owed to go			[
business whichever is earlier 11 U S C § 507(a)(4)		Other - Specify applicable para			,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen			reafter
5 TOTAL AMOUNT OF CLAIM \$ 7 \$	24	464692\$ -	-	\$ 244	14192
AT TIME CASE FILED (unsecured)	(1	secured)	( prionty)	4444.92	(Total)
Check this box if claim includes interest or other charges in addition to the				of all interest of add	itional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments mortgages security	<i>uments,</i> su agreement	uch as promissory notes, purd s, and evidence of perfection	chase orders, inv	oices itemized st	atements of AL
DOCUMENTS If the documents are not available, explain If the of a DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			-	envelope and co	py of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	n, prevailir	ig Pacific time, on Novembe	er 13, 2006		FOR COURT ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		COT 1 0	2006
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	r FILE	OCT 10	4000
P O Box 911 El Segundo CA 90245-0911		t Franklin Avenue do CA 90245	•	USA	СМС
DATE SIGN and print the name and title if any of the claim (attach copy of power of attor		r other person authorized to file		1072500	<b>                                    </b>
113406 Dianesia PEnn	more	+ FIOLA-CFE	MA ANDES		

Case 05130	<del>735</del> 19725-1900-01914	PROOF OF CLAIM		YOUR CLA	NIM IS SCHEDULED AS:		
Name of Debtor:		Case Number:		Schedule/Claim II	O s31478		
USA Commercial Mortgage	e Company	1 U6-1U/25-LBH 1		Amount/Classifica \$10,033.44 Unsec			
Administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address:		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unilquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.				
Creditor Telephone Number ( ) 5 Last four digits of account or other num	ber by which creditor identifies	debtor:	court.  Check here repla		filed claim dated: 2/27/06		
ACCT: 10 3398	CKIENI 10 4	0/0	if this claim amer	nds	med claim dated. 27011 / C		
Services performed Taxes	onal injury/wrongful death s r (describe briefly)	Wages, s	penefits as defined in 11 U.S salaries, and compensation digits of your SS #: compensation for services pe	(fill out below)	Unremitted principal Other claims against servicer (not for loan balances)		
2. DATE DEBT WAS INCURRED:	31/10/11	le 15 0	OURT JUDGMENT, DATE (	DTAINED:	(date) (date)		
4. CLASSIFICATION OF CLAIM. Check see reverse side for important explanation: UNSECURED NONPRIORITY CLAIM Check this box if: a) there is no collatera	s. \$	best describ	pe your claim and state the amou	nt of the claim at the	e time case filed. red by collateral (including		
exceeds the value of the property securion entitled to priority.			a right of setoff).  Brief description of				
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured entitled to priority.	d claim, all or part of which is		Real Estate Value of Collateral	Motor Vehicle	Other		
Amount entitled to priority \$ Specify the priority of the claim:			Amount of arrearage a secured claim, if any:	nd other charges	at time case filed included in		
Domestic support obligations under 11 l	U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towards for personal family of				
Wages, salaries, or commissions (up to before filling of the bankruptcy petition or business, whichever is earlier - 11 U.S.0	r cessation of the debtor's		services for personal, family, of Taxes or penalties owed to go	vemmental units - 1	1 U.S.C. § 507(a)(8).		
Contributions to an employee benefit pla	an - 11 U.S.C. § 507(a)(5).		Other - Specify applicable part * Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 and	d every 3 years thereafter		
5. TOTAL AMOUNT OF CLAIM \$	\$	555		COLUITO BILLET LIFE (	\$ 553,728 - 99		
AT TIME CASE FILED:	(unsecured)	(s	secured)	( priority)	(Total)		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7. SUPPORTING DOCUMENTS: Attach copies of supporting documents. such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.							
The original of this completed pro	oof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY		
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Cer P. O. Box 911 El Segundo, CA 90245-0911	nter	BMC Ground Attn: USA 1330 Eas	OR OVERNIGHT DELIVERY TO up ACM Claims Docketing Cente it Franklin Avenue do, CA 90245				
	print the name and title, if any, of the claim (attach come of power of attom			Z-			

FORM B10 (Official Form 10) (10/05)	Die	TRICT	OF	Nevada				
UNITED STAILS BANKRUPTCY COURT	PROOF OF CLAIM							
Name of Dubtor USA Commercial Mortgage Company								
NOTH This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma	strative exp	ense ai Dursuai	nsing	after the commencement				
	1 1							
Name of Creditor (The person or other entity to whom the				u are aware that anyone croof of claim relating to				
Linda C. Reid, husband and wite, as joint		r claim ng part		ch copy of statement				
dibior owes money or property) Jack K. Clark and Linda C. Reid, hushand and wife, as joint tenants with right of survivorship		٠.		have never received any				
Name and address where notices should be sent Jack R. Clark and Linda C Reid	noti		m the	bankruptcy court in this				
9900 Wilhur May Pkwy #4701	Che	ck box		address differs from the				
Rens, NV 89521-3089 Telephone humber 775-853-4754	1	ress on court.	the e	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor	1	ck here is clair		replaces amends a previously filed	claim dated			
1 Basis for Claim	<u> </u>	П	Retir	ee benefits as defined in 11				
Goods sold		H	Wage	es salaries and compensati				
Services performed Money loaned		d		four digits of your SS # aid compensation for service	es performed			
Personal injury/wrongful death			•	to				
Taxes See Exhibit A				(date)	(date)			
2. Date debt was incurred MM 2004	3.	If co	ourt j	udgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes the	nat best des	cnbe y	our c	laim and state the amount o	f the claim at the time case filed			
See reverse side for important explanations		Sec	ured	Claim				
Unsecured Nonpriority Claim \$ 891,016.03  Check this box if a) there is no collateral or lien securing you	r alaım or		Ch	eck this box if your claim is	secured by collateral (including			
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	an	_	f setoff)				
Unsecured Priority Claim  Brief Description of Collateral  V Real Estate Motor Vehicle Other								
Check this box if you have an unsecured claim all or part of v	which is		لتا	ue of Collateral \$ Whk	L			
entitled to priority  Amount of arrearage and other charges at time case filed included in								
Specify the priority of the claim  Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C								
Domestic support obligations under 11 U S C § 507(a)(1)(A) or § 507(a)(7)								
Wages salaries or commissions (up to \$10,000) * earned within 180								
days before filing of the bankruptcy petition or cessation of the debi business whichever is earlier - 11 U S C § 507(a)(4)	tor s		-		07 and every 3 years thereafter			
Contributions to an employee benefit plan - 11 USC § 507(a					after the date of adjustment			
5 Total Amount of Claim at Time Case Filed	\$	891,	_		891,016.03			
(unsecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.								
6 Credits The amount of all payments on this claim has beer making this proof of claim	redited a	nd dec	lucted	for the purpose of T	HIS SPACE IS FOR COURT USE ONLY			
	ents. such	as pro	การรณ	ry notes purchase				
orders invoices itemized statements of running accounts contri	acts court	judgm	ents	mortgages security	JAN 11 200'			
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary								
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-								
addressed envelope and copy of this proof of claim								
Date Sign and print the name and title if any of file this claim (attach copy of power of atto	the creditor	or oth	er pe	rson authorized to				
1/8/07 Juda C Reid USA CMC								
1/Min R Vall			<u>ر</u>	- rela	USA CMC			
Penalty for presenting fraudylent claim. Fine of up to \$500 000 or	mprisonm	ent for	r up t	o 5 years or both 18 U S	1072502059			

FORM B10 (Official Form 10) (10/05)						
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM			
Name of Debtor	Case Num	ber	)			
USA COMMERCIAL MORTGAGE COMPANY	USA COMMERCIAL MORTGAGE COMPANY 06-10725					
NOTE This form should not be used to make a claim for an administrative case / request for payment of an administrative expense may be filed p	e expense arisi oursuant to 11	ng after the commencement of the USC Section 503				
Name of Creditor (The person or other entity to whom the		oox if you are aware that anyone				
debtor owes money or property)	else has	filed a proof of claim relating				
ROBERTA KEHL and TINA M. KEHL		claim Attach copy of statement particulars	}			
Name & address where notices should be sent		box if you have never received				
JANE L CHUBB, ESQ	any not	ices from the bankruptcy court				
JONE'S VARGAS P O BOX 281	1	box if the address differs from				
RENO NV 89504-0281	1	ress on the envelope sent to you	· ·			
Telephone number 775-786-5000	by the		THIS SPACE I OR COURT USE ONLY			
Last four digits of account or other number by which creditor	Check here	replaces	······································			
identifies debtor 500953 5		n □ amends a previously filed o	claim, dated			
1 BASIS FOR CLAIM		tetiree benefits as defined in 11 t				
□ Goods sold		/ages, salaries, and compensation	(fill out below)			
☐ Services performed		ast four digits of your SS #				
☐ Money loaned ☐ Personal mury/wrongful death	,	Inpaid compensation for services	грепоглед пот			
☐ Faxes	f	rom to	1			
Other <u>DEBTOR'S BREACHES</u> (see adversary complain	ıt)	romto	(date)			
2 Date debt was incurred		ourt judgment, date obtained				
2003-2005						
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations	that best desc	cribe your claim and state the am	ount of the claim at the time case			
Unsecured Nonpriority Claim \$ 1,896,046,24 + accrued intere	st less anv	Secured Claim.				
postpetition payments received  Check this box if your claim is secured by collateral						
☐ Che.k this box if a) there is no collateral or lien securing you	<del></del>	(including a right of set				
b) your claim exceeds the value of the property securing it, or if d		Brief description of colla				
only part of your claim is entitled to priority		1	r Vehicle D Other			
		Value of Collateral \$ Amount of arrearage and other				
Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of ventitled to priority	which is	included in secured claim, if a				
Amount entitled to priority \$						
Specify the priority of the claim	ט ם	p to \$2,225* of deposits toward roperty or services for personal, f	ourchase, lease or rental of			
☐ Domestic support obligations un 11 USC § 507(a)(1)(A) or)	) Pi U	operty or services for personal, f S C § 507(a)(7)	amily or household use - 11			
(a)(1)(B		xes or penalties owed to governn	nental units 11 USC §			
☐ Wages, salaries, or commissions (up to \$10 000),* earned with 180 day before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 USC § 507(a)(4)	the	)7(a)(8) ГНЕR - Specify applicable parag	raph of 11 U S C § 507(a) ()			
☐ Contributions to an employee benefit plan - 11 U S C § 507(a		ounts are subject to adjustment on 4/i with respect to cases commenced on c				
	6,046 24 +/- nsecured)	\$ (secured) \$ (pro	ority) \$ (Total)			
☐ Check this box if claim includes interest or other charges in ad-	•	` ,	**			
interest or additional charges		dusted Co. do. a	THIS SPACE IS FOR COURT USE ONLY			
6 Credits The amount of all payments on this claim has been or this proof of claim. SEE ABOVE						
7 Supporting documents Attach copies of supporting document			USA CMC			
invoices, itemized statements of running accounts, contracts, cour	T Judgments,	morigages, security agreeme				
and evidence of perfection of hen DO NOTSEND ORIGINAL DOCUMENTS If the documents are not available explain It the documents are volummous, attach a summary  8 Date-Stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-						
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this						
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)						

UNI ED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM	
Name of Debtor	0.0 1000			
USA COMMERCIAL MORTGAGE COMPANY				
NOTE This form should not be used to make a claim for an administrative case \( \) request for payment of an administrative expense may be filed to				
Name of Creditor (The person or other entity to whom the debtor owes money or property)	else has	oox if you are aware that anyone filed a proof of claim relating claim Attach copy of statement		
ROBERT J AND RUTH ANN KEHL	giving	particulars		
Name & address where notices should be sent		box if you have never received uces from the bankruptcy court		
JANET L CHUBB, ESQ JONES VARGAS	in this c			
P O BOX 281 RENC, NV 89504-0281		box if the address differs from ress on the envelope sent to you		
Telephone number 775-786-5000	by the		This Space for Court Use Only	
Last four digits of account or other number by which creditor identif es debtor 500953 5		e □ replaces n □ amends a previously filed	claım, dated	
1 BASIS FOR CLAIM		tetiree benefits as defined in 11 t		
Goods sold		/ages, salaries, and compensation		
☐ Services performed ☐ Money loaned		ast four digits of your SS # Inpaid compensation for services		
□ Personal injury/wrongful death		•		
☐ Taxes  Other DEBTOR S BREACHES (see adversary complant)	f nt)	tonito	(date)	
2 Date debt was incurred		ourt judgment, date obtained	(unic)	
2003-2005	3 113	our i Jungmene, date votamen		
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations	that best des	cribe your claim and state the am	ount of the claim at the time case	
Unsecured Nonpriority Claim \$ 12,841,580 13 + accrued inte	rest less any	Secured Claim		
postpetition payments receive	<u>d</u> _	Check this box if your cla (including a right of se	•	
☐ Check this box if a) there is no collateral or lien securing yo		Brief description of colla	1	
<ul> <li>b) your claim exceeds the value of the property securing it, or if of only part of your claim is entitled to priority</li> </ul>	a) none or		or Vehicle D Other	
Unsecured Priority Claim	<del></del>	Amount of arrearage and othe		
☐ Check this box if you have an unsecured claim, all or part of entitled to priority	which is	included in secured claim, if a	any	
Amount entitled to priority \$				
Specify he priority of the claim	u u	p to \$2 225* of deposits toward operty or services for personal,	purchase, lease or rental of family or household use - 11	
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or (a)(1)(B	□ Ta	S C § 507(a)(7)  xes or penalties owed to govern;	nental units - 11 USC §	
☐ Wages, salaries, or commissions (up to \$10,000),* earned wit 180 days before filing of the bankruptcy petition, or cessation of debtor's pusiness whichever is earlier- 11 U S C § 507(a)(4)	the	17(a)(8) THER - Specify applicable parag	σaph of 11 USC § 507(a) ( )	
☐ Contributions to an employee benefit plan - 11 U S C § 507(	a)(4) *Am	ounts are subject to adjustment on 4/ with respect to cases commenced on	1/98 and every 1 years thereafter	
	41,680 13 +/-	: S S	\$	
☐ Check this box if claim includes interest or other charges in a	nsecured) ddition to the	` ,	ority) (Total) Attach itemized statement of all	
interest or additional charges	<del></del>	· · · · · · · · · · · · · · · · · · ·		
6 Credits The amount of all payments on this claim has been c this proo of claim. SEE ABOVE	redited and d	educted for the purpose of make	- 1	
7 Supporting documents Attach copies of supporting documents				
mvoices itemized statements of running accounts, contracts, cou and evidence of perfection of lien DO NOTSEND ORIGINAL!			USA CMC	
available, explain If the documents are voluminous, attach a sun	nmary		41 <b>4 11 11 11 11 11 11 11 11 11 11 11 11 11</b>	
8 Date-Stamped copy To receive an acknowledgment of the fi addressed envelope and a copy of this proof of claim.	ling of your c	laim, enclose a stamped, self-	1072501660	
Date Sign and print the name and title, if any, of the		ner person authorized to file this		
ylaım (attach copy of power of attorney, if any) 12/9/06 JANET L CH		ATTORNEY FOR CLAIMAN	т	
147100 VILLARION LULLAR JANGIL UI	CUDE BOV .	ALLUMULI PUN ULAUMAN		